Mike Kentfield

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1. They require the employees to pay a larger share of the cost.
2. They provide a lot of business to the insurers and can negotiate better terms.
3. HIPAA limits the amount of pre-existing conditions that group plans may exclude.
4. Supplemental health insurance to protect against the costs that exeed their coverage.
5. Medical,hospital, and surgical costs. Helps pay for physician care that doesn’t involve surgery.
6. It is beyond basic health insurance and covers extreme procedures.
7. Unmanaged is a traditional fee-for-service while managed rely on a network of contracts.
8. HMO are group plans with prepaid medical care while a PPO is a group of health care providers who band together to provide health services for set fees.
9. They must have a referral to see a specialist and can deny coverage for unreferred visits.
10. A H.S.A. is tax free and is used to pay expenses not paid by your provider.
11. Medicare is for 65+, and Medicaid is gov. sponsored health insurance for low income families.
12. Makes regular payments to replace income lost when injury prevents you from working.
13. It provides funds to beneficiaries when the insured dies and help them cover the cost of living.
14. Term remains in effect for a specified amount of time while permanent lasts for a lifetime.
15. Decreasing term lowers the amount of coverage every year, Renewable allows them to renew each year and premiums increase, Credit life will repay a debt if you die.
16. Credit life repays a debtor once you die. More expensive.
17. Straight life regures premiums and pays when ypu die, Limited pay-life premiums are payed for a certain amount of time, universal life combines a savings plan with a death benefit, and variable life combines a death with investment options.